



# The CPS and Law Enforcement Relationship

# ***Role Clarification***



## **Law Enforcement**

- Assess safety of all involved and secure location
- Investigate criminal activity and enforce the law
- Document and collect evidence
- Cooperate with the assigned social worker

## **Social Workers**

- Assess our safety and that of the children
- Investigate child abuse allegations
- Document conditions of the home and child
- Cooperate with law enforcement

Rescue. Defend. Shelter. Support.

# ***Team Concept***



- Multi-Disciplinary Approach
- Spirit of Cooperation
- Sharing of Information
- Case Coordination

Rescue. Defend. Shelter. Support.

# ***Child Protection Team Multi-Disciplinary Team***



- IHS Social Services
- CPS worker
- IHS physician
- BIA/FBI
- Tribal police
- Behavioral Health (mental health)
- School representative
- Tribal prosecutor
- Federal prosecutor

Rescue. Defend. Shelter. Support.

# Goals



- Break the cycle of child abuse caused by those who manufacture, sell and abuse dangerous drugs
- To coordinate the social and legal aspects of cases involving children living in a drug environment through a collaborative, multi-disciplinary response.

Rescue. Defend. Shelter. Support.

# ***Elements In A Strong CPS & Law Enforcement Relationship***



- Specialized DEC training for CPS and Law Enforcement
- Full-time CPS team member
- CPS timely response for assistance
- Sharing of information/history
- CPS incorporates and works with law enforcement and other partners as part of formal on DEC Team
- Post investigation follow-up
- Regular meetings to identify and address issues

Rescue. Defend. Shelter. Support.

## ***Identification of Victims report made to:***



- Tribal Social Services (TSS)/Child Protective Services (CPS)
- Tribal Police
- IHS
- School staff
- Mental health services
- BIA Employee
- Work supervisor

Rescue. Defend. Shelter. Support.

## ***Identification of Victims Report Sent To:***



- TSS/CPS
- Tribal Police (who may refer case to BIA/FBI)

**“These two entities should have agreement to immediately notify each other of the report.”**

Rescue. Defend. Shelter. Support.





# Evaluating Risks to Children (parallel investigations)

Rescue. Defend. Shelter. Support.

# ***Risk Assessment Steps***



- **Initial assessment:**
  - Safety threats/present danger
  - Impending danger
- **Connection between behaviors and safety threats**
  - Recognizing drug-related behavior and family situations
  - Gathering sufficient information

Rescue. Defend. Shelter. Support.

## ***ASSESSING EFFECTS OF DRUGS ON CHILDREN***



- Prenatal effects
- Household safety
- Childhood supervision
- Neglect
- Physical abuse
- Sexual abuse
- Lack of positive support system

Rescue. Defend. Shelter. Support.

***ABOUT RISK ASSESSMENTS:  
Methods or tools used by child  
protective services and law  
enforcement to measure safety of a  
child by reviewing:***

- Level of urgency
- Level of vulnerability of the child
- Status of child's developmental abilities
- Status of parent/caregiver drug use
- Support systems & resources

**And NOW also must include**

- Factors unique to meth use situations



Rescue. Defend. Shelter. Support.

# ***Medical Evaluation***



- Tribal police and TSS/CPS determine need for medical evaluation. If a medical evaluation is needed, will it need to be done emergently vs. non-emergently?

Rescue. Defend. Shelter. Support.



## ***Medical evaluation—where, how?***

- If deemed to be emergent: IHS ER
- If non-emergent, notification of Child Protection Team/Multi-Disciplinary Team Physician

Rescue. Defend. Shelter. Support.

# ***Emergency Room Evaluations***



- Should have policy that person responsible for evaluation is the physician rather than a midlevel—may have implications if proceeding to federal court
- Exception: S.A.N.E. (Sexual Assault Nurse Examiner) certification

Rescue. Defend. Shelter. Support.

# ***Consent for evaluation***



- **If brought in by TSS/CPS or Tribal Police:**
  - “photographs, x-rays, medical examinations, psychological examinations and interview of an Indian child alleged to have been subject to abuse in Indian country shall be allowed without parental consent if local child protective services or local law enforcement officials have reason to believe the child has been subject to abuse.” (Public Law 101-630)

Rescue. Defend. Shelter. Support.



## ***Consent for evaluations:***



- If brought in without CPS/TSS or PD involvement, should obtain parental consent; parent should be aware that information obtained will be shared with proper authorities. Social services should be contacted to coordinate notification of proper authorities. If consent refused, social services will refer to TSS/CPS and/or law enforcement, who can decide if medical evaluation can be obtained without parental consent

Rescue. Defend. Shelter. Support.



## ***Implementing DEC Guidelines into IHS facilities***



Rescue. Defend. Shelter. Support.

# ***DEC Medical Protocol***



## **Health Care:**

### **Decontamination, triage at scene**

- Forensic medical examination within 12 hours
  - Complete pediatric examination, with special attention to neurologic, cardiac, and pulmonary exams, and signs of injury
  - Height, weight, reach
  - Evidence of physical or sexual abuse, neglect
  - Drug screen
  - Other labs, X-rays as needed

Rescue. Defend. Shelter. Support.

# ***Medical Protocol***

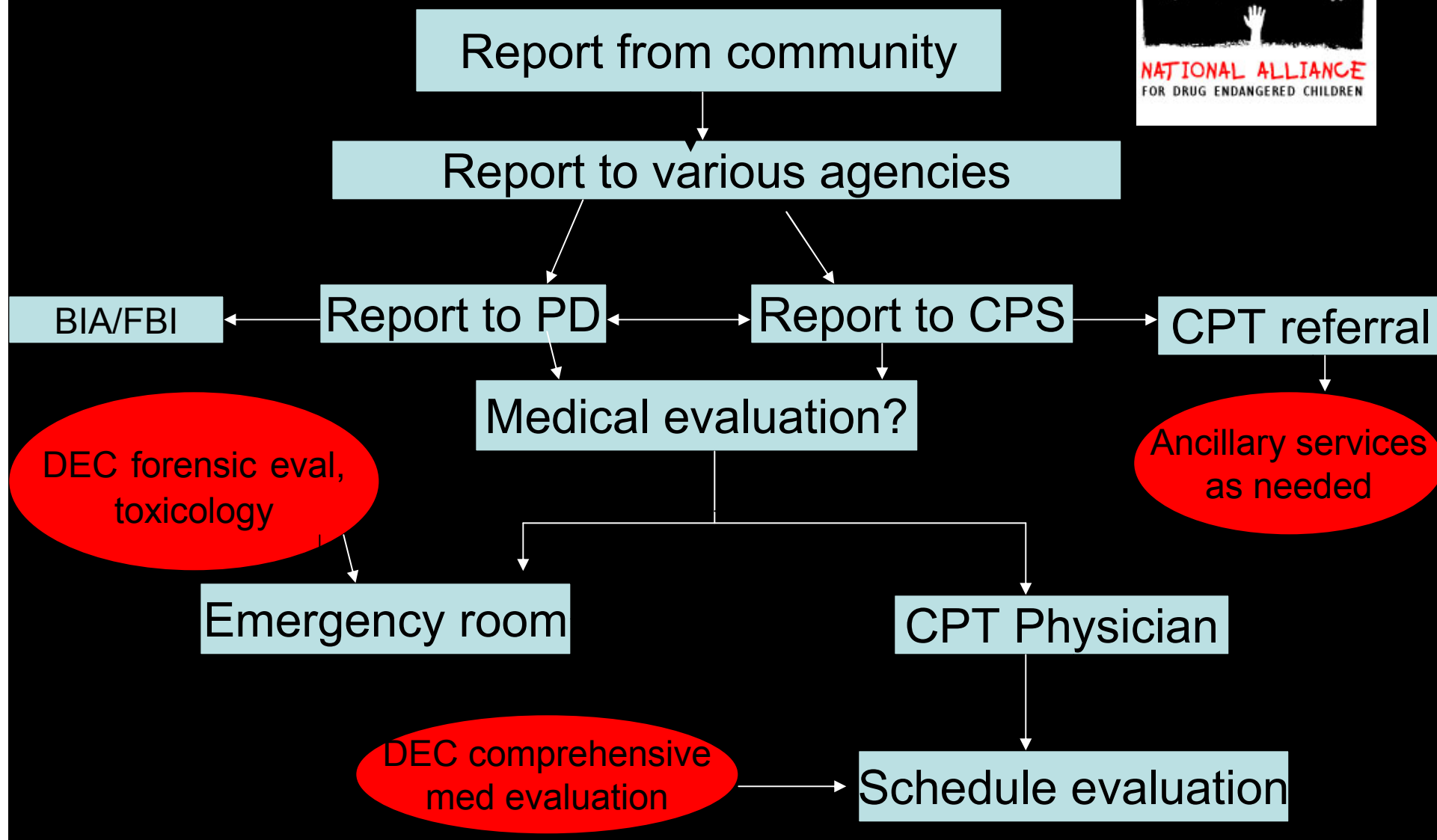


## **Health Care: Follow up**

- Comprehensive medical exam, behavioral and developmental assessment within 30 days
- Follow up on previously identified problems
- Evaluate appropriateness of placement
- Arrange for ancillary services (mental health, developmental assessment and follow up) as indicated
- Establish 'DEC medical home'

Rescue. Defend. Shelter. Support.

# Response to Child Abuse/Neglect



Rescue. Defend. Shelter. Support.

# ***DEC/Multi-Disciplinary Team***



- Review all referrals and active cases of child abuse, child neglect, and child sexual abuse
- Identify resources for family/victim
- Make recommendations for a plan of action
- Provide periodic review for all cases

Rescue. Defend. Shelter. Support.



# Questions, comments?

Rich Rosky, Coordinator  
HIDTA Southwest Meth &  
Pharmaceutical Initiative  
(602)664-5623  
Southwest\_meth@yahoo.com



Rescue. Defend. Shelter. Support.